

Name of Person Filing Richard Ponda	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ILA Local 1969 GLDC-ACD, AFL-CIO</p> <p>Trade Name, if any: Local 1969</p> <p>P.O. Box, Bldg., Room No., if any 6031</p> <p>Street Melton Road (US Hwy 20)</p> <p>City Portage</p> <p>State Indiana ZIP Code + 4 46368</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name ILA Local 1969 Health & Welfare Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 6031</p> <p>Street Melton Road (US Hwy 20)</p> <p>City Portage</p> <p>State Indiana ZIP Code + 4 46368</p>	<p>11.a. Nature of such dealing.</p> <div></div> <p>11.b. Approximate dollar value of such dealing.</p> <div></div> <p>12.a. Nature of interest held or income received.</p> <p>Time Loss Reimbursement (see additional page 1 of 2)</p> <div></div> <p>12.b. Amount.</p> <div>\$677</div>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div></div> <p>14.b. Amount of payment.</p> <div></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

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File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ILA Local 1969 GLDC-ACD, AFL-CIO

Trade Name, if any: Local 1969

P.O. Box, Bldg., Room No., if any 6031

Street Melton Road, (US Hwy 20)

City Portage

State Indiana ZIP Code + 4 46368

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ILA Local 1969 Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6031

Street Melton Road, (US Hwy 20)

City Portage

State Indiana ZIP Code + 4 46368

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Expenses incurred while performing Trust Fund Trustee Duties. Reimbursement of expenses (see additional page 2 of 2)

12.b. Amount.

\$352

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT
August 11, 2005

PAGE 1 OF 2

Name: Richard A. Ponda

Fiscal Year Covered From: 01/01/2004 Through 12/31/2004

Item Number 12.a. continued:

Time Loss Reimbursement;

02/05/2004	8 hours Lost Time (while attending Trust Meeting)	Amount	155.32
04/28/2004	12.5 hours Lost Time (while attending Trust Meeting in Chicago)		
		Amount	260.04
05/04/2004	12.5 hours Lost Time (while attending Trust Meeting in Chicago)		
		Amount	261.84
		Total Amount	= 677.20

**FORM LM-30
LABOR ORGANIZATION OFFICER AND
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August 11, 2005**

PAGE 2 OF 2

Name: Richard A. Ponda

Fiscal Year Covered From: 01/01/2004 Through 12/31/2004

Item Number 12.a. continued:

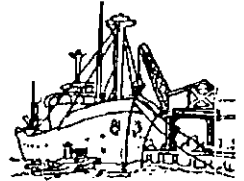
Reimbursement of Expenses:

02/02/2004	Reimbursement of Office Supplies (paper & print for pictures)	Amount	61.45
04/2/2004	Fuel reimbursement for meeting with Trust Atty. In Chicago	Amount	18.86
	Toll receipts reimbursement for mtg. with Trust Atty. in Chicago	Amount	1.00
	Parking reimbursement for mtg. with Trust Atty., in Chicago	Amount	13.00
	Per Diem for travel to Chicago for mtg., with Trust Atty.	Amount	50.00
		Total Amount	82.86
06/08/2004	Pick up Trust Documents from Atty., Dennis Johnson in Chicago Fuel Reimbursement,		
		Amount	30.00
	Skyway tolls to Dennis Johnson's Office	Amount	4.00
	Lunch expenses while in Chicago	Amount	23.70
	Per Diem for travel to Chicago	Amount	50.00
		Total Amount	107.70

Total Amount for 12.a Reimbursement of Expenses = **\$252.01**



International Longshoremen's
Association, AFL-CIO
Local 1969 Trust Funds



6031 Melton Road
US Hwy #20
Portage, Indiana 46368

Richard Ponda
Trustee



(219) 764-9715
FAX 764-9723

August 11, 2005

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

To Whom It May Concern:

After attending a Seminar, sponsored by the International Foundation of Employee Benefits, on LM-30 and LM-10 held on Wednesday, August 10th 2005, in Chicago, IL, I am submitting a revised LM-30 for the period covering January 1, 2004 through December 31, 2004 whereas to change my personal address to my business address as indicated in the above letter-head. I do not wish my home address to be published as previously filed by myself dated July 19, 2005.

Thank you in advance for your cooperation.

Respectfully,

Richard Ponda, Trustee
ILA Local 1969 Trust Funds